

MPL STAFF ~ ROOM RESERVATION REQUEST

EVENT NAME:

EVENT DATE:

EVENT TIME:

PREFERRED LOCATION:

SECOND CHOICE:

APPROXIMATE NUMBER PARTICIPATING:

REQUESTED BY:

DATE OF REQUEST:

COMMENTS OR SPECIAL NEEDS FOR EVENT:

Additional Online Calendar Information:

Online registration? _____ Attendance cutoff # _____

Fee? _____ Amount: \$ _____

Library liason name: _____

Presenter name: _____

Web site/link? _____

IF APPROPRIATE, PLEASE ATTACH () PUBLICITY () FLYER () BOOKMARK